8 1892

LIBRARY OF THE UNIVERSITY OF CALIFORNIA.

Subscriptions $1.50 per year

CALIFORNIA MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of

Medicine, Surgery, and the Collateral Sciences.

D. MACLEAN, M. D. Editor.

F. CORNWALL, M. D.
A. E. SCOTT, M. D.
M. E. VAN METER, M. D.
Associate Editors.

Address all Correspondence to

California Journal Company, 1422 Folsom St., San Francisco, Cal.

Vol. XIII APRIL, 1892. No. 4.

Entered at the San Francisco Post Office, as Second Class Matter.

TABLE of CONTENTS on first page inside of Cover.

CH. MARCHAND'S

PEROXIDE OF HYDROGEN.

(MEDICINAL) H_2O_2 (ABSOLUTELY HARMLESS.)

MOST POWERFUL BACTERICIDE AND PUS DESTROYER.
ENDORSED BY THE MEDICAL PROFESSION.
UNIFORM IN STRENGTH, PURITY, STABILITY.
RETAINS GERMICIDAL POWER FOR ANY LENGTH OF TIME.
TAKEN INTERNALLY OR APPLIED EXTERNALLY WITH PERFECT SAFETY.

Send for free book of 72 pages, giving articles by the following contributors:

DR. JOHN V. SHOEMAKER, of Philadelphia, Pa. Professor of Materia Medica in the Medico-Chirurgical College of Philadelphia. "Peroxide of Hydrogen." *Materia Medica and Therapeutics, with especial reference to the Clinical Application of Drugs.* Vol. II., page 681.

DR. EGBERT H. GRANDIN, Obstetric Surgeon New York Maternity Hospital, Infant Asylum, etc. "Peroxide of Hydrogen in Gynecology and Obstetrics." *The Times and Register* of Philadelphia, Pa.

NOTE.—Avoid substitutes—in shape of the commercial article bottled—unfit and unsafe to use as a medicine.

Ch. Marchand's Peroxide of Hydrogen (Medicinal) sold only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with his signature. Never sold in bulk.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLE ON APPLICATION.

PREPARED ONLY BY

Charles Marchand

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

Laboratory, 28 Prince St., New York.

SYR. HYPOPHOS. CO., FELLOWS

Contains the Essential Elements of the Animal Organization—Potash and Lime,

The Oxidizing Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation of the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases,

NOTICE---CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined several of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

Medical Letters may be addressed to:

Mr. FELLOWS, 48 Vesey Street, New York.

California Medical Journal

$1.50 per Year: Single Copies 15 Cents.

Published by the California Journal Company, San Francisco.

CONTENTS.

ORIGINAL COMMUNICATION.

Progressive Locomotor Ataxia, 141
Disease. 142
Letter from G. P. Bissell. 143

SELECTIONS.

La Grippe. 145
The Tobacco Habit. 147
Toxemic Origin of Rheumatism. 148
Gout of Penis. The Penalty of Ignorance in Turkey. 149
The Medical Treatment of Appendicitis 150
Local Treatment of Epididymitis 151
Aristol in Epistaxis 152
Paraphimosis 153
Vaccination Aphorisms 154
Removal of the Great Toe-Nail. 155
The Knee Jerk. 157
Foreign Bodies in Bladder, 158
A Peculiar Case that Puzzled Several Doctors 159
Nasal Catarrh. 161
The Dispensary Question in the City of New York. 162
Removal of Necrotic and Carious Bone with Hydrochloric Acid. Burns and Scalds 164
Chronic Sprains of Finger-Joints 165
How to Laugh at the Mosquito. To Remove Foreign Bodies from the Ear. 166
The Purification of Water by Electricity. Seat Worms. 167
Organic Chemistry. 168

EDITORIAL.

Gas Asphyxiation. 179
Rhus Tox. 181
The Use of the Uterine Curette. 182
What They are Taught in One of our Neighbor Schools. 184
Death from Heart Failure. 185
Tact and Talent in the Practice of Medicine. 186
Unkept Promises. Icthyol. 187

WORDEN'S EMULSION OF SALOL

Is the Most Eligible Form for Administering this Valuable Remedy.

Our preparation is characterized by extreme stability. The reason for frequent failures in the administration of Salol lies in the fact that it is so sparingly soluble. Its natural solvents are fats and oils. This circumstance accounts for the extreme variation in its behavior.

The modern experience of the Medical Fraternity has convinced them of the usefulness of Salol in the treatment of the influenza epidemic now prevailing, ordinarily known as "La Grippe". While Asafœtida Pills have secured a high position in the esteem of physicians for the treatment of certain phases of the difficulty. There is no question but that Salol is capable of acting as an antiseptic and in such a way as to antagonize very decidely the germ cause. If we consider the antecedent components of Salol, we may expect certain results.

It is composed of Phenylic Alcohol and the Salicylic Radical, which are separated or split up in the economy. This result undoubtly happens in the intestinal tract, and by reason of the absorption of the decomposition products, there is provided a gradual distribution of very pure Salicylic and Phenylic protectives, in such a way as to pentrate and shield the diseased structure, without any offense to the palate or the stomach.

CLINTON E. WORDEN & CO.,

Manufacturing Pharmacists.

214, 216, 218, 220, TOWNSEND ST., - - - - - San Francisco, Cal.

CALIFORNIA MEDICAL COLLEGE

of San Francisco.

This Institution offers superior facilities for a thorough Medical and Surgical Education. All departments are complete, including Clinical and Laboratory Instruction.

THE INTERMEDIATE OR SPRING COURSE OF LECTURES will begin on the first Monday in March, and continue three months.

THE REGULAR OR SUMMER COURSE will commence on the first Monday in June continuing six months.

MEDICAL FACULTY.

D. MACLEAN, M. D.,
Professor of Obstetrics.
J. W. HAMILTON, M. D.,
Professor of Gynæcology.
GEO. G. GERE, M. D.,
Professor of the Principles and Practice of Surgery.
M. E. VAN METER, M. D.,
Professor of Orthopedic and Clinical Surgery.
H. T. WEBSTER, M. D.,
Professor of the Principles of Medicine and Pathology
W. B. CHURCH, M. D.,
Professor of the Practice of Medicine.
JOHN FEARN, M. D.,
Professor of Materia Medica and Thera peutics.
J. P. SCHMITZ, M. D.,
Professor of Physiology and Nervous Diseases.
M. H. LOGAN, M. D.,
Professor of Chemistry and Toxicology.
F. CORNWALL, M. D.,
Professor of Ophthalmology, Laryngology and Otology.
A. E. SCOTT, M. D.,
Professor of Diseases of Children.
COLIN CAMPBELL, M. D.,
Professor of Medical Jurisprudence.
C. N, MILLER, M. D..
Professor of Anatomy.

Lecturers:

W. O. WILCOX, M. D.,
Lecturer on Diseases of the Genito-Urinary Organs.
W. A. HARVEY, M. D.,
Lecturer on Histology and Microscopy.
W. O. WILCOX, M. D.,
Demonstrator of Anatomy.

For further information address,
PROF. D. MACLEAN, M. D.,Dean.,
6 Eddy Street, San Francisco.

THE

·:·CALIFORNIA*MEDICAL*JOURNAL.·:·

VOL XIV. } SAN FRANCISCO, CAL., APRIL, 1892. { NO. 4.

The Board of Examiners of the Electic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

☞ *Advertisers, Subscribers and Contributors should address all communications to the* CALIFORNIA JOURNAL COMPANY, 1422 FOLSOM STREET, SAN FRANCISCO. CAL.

Progressive Locomotor Ataxia.

BY G. P. BISSELL.

I have seen two cases of the above named disease and have no new suggestions to make in regard to it. This paper would not be worth the trouble of writing or reading only to show that they are attended with diverse symptoms.

The first case was a patient of mine. He was a fisherman and attributed the cause to sitting in his boat, cold and wet. At first I mistook his case for Sciatica or muscular rheumatism for he complained chiefly of pain, but time caused a revision of diagnosis. As I said before, his early symptom was pain. He has past from my sight.

The second case is in an acquaintance. He complains of no pain, simply a numbness. When I saw either case last, each could stand and even take a few steps without looking at the feet. But both have this characteristic in common, that both are progressive and unamenible to medication.

I do not intend this paper as a monograph on the disease. That can be found in books. What I do intend to call attention to is that in one case the pain was severe, in the other almost or quite absent.

Disease.

BY C. N. MILLER, M. D.

Time was when diseases were believed to be special visitations of Divine Providence. As a consequence, the use of preventative or remedial measures was considered impious, it showed a want of reverence for the Supreme Being and His authority. This was superstition, and like all forms of superstition it was a result of ignorance, a lack of knowledge of the laws of health.

The Indian tribes of Alaska have, during the past winter, suffered severely from La Grippe. Dispatches state that whenever an Indian is attacked, believing his affliction is from the gods, he immediately goes to the beach and lies there until he perishes from hunger and exposure.

With the advance of civilization, people have learned from what has been demonstrated, time and again, that with proper treatment many diseases can be cured; and that with proper environment many can be altogether prevented. More than this, there are people who now believe that they can discern the dawning of a day of universal health. That not only many, but *all* diseases are curable, if we but knew the right remedy; and that not only many, but *all* diseases are preventable if we could but adopt the proper precautionary measures.

In other words, that health is subject to law; that obedience is life, and that death, from any cause, other than the natural decay of our powers, or old age, is, always and every where, but the result of disobedience.

This view is undoubtedly correct, and the sooner it is universally recognized, the more speedy will be the coming of the millennium of physical perfection.

Let it be generally known that death by diphtheria is not from Divine decree, but from sewer-gas; that it is not the Lord, but the *landlord*, who is continually depriving us of our little ones, and people will demand, and enforce the demand, that sewer-gas or landlords become at once a thing of the past.

So of other diseases; some may come from what we eat, some from the way we dress, or work, or rest, but all have a certain definite cause. This, in every instance, is some form of disobedience of physiological law. When we dare to suppose that disease and premature death is ever sent in an especial manner by the Giver of every good and perfect gift, that is the real sin of impiety and sacrilege.

Ed. Cal. Med. Journal:

You are hard on us people who dwell in the wilderness, for you say that communications must be at hand by the 15th of the month, while your JOURNAL only reached me on the 17th.

But then, we have been trained to understand that an editor knows everything, and that a publisher is never at fault.

I send a short account of some cases of Locomotor Ataxia that I have seen.

Do any of you editors know how to overcome the inertia of the colon, chiefly induced by abuse of cathartics, without medicines or injection or some such barbarous kussedness? For, I repeat, that editors know everything. But lest the statement be deemed to a positive, I will suppliment that they should. G. P. BISSELL.

LOS ANGELOS, CAL., March 18th, 1892.

California Journal Co.,
San Francisco:

GENTLEMEN: Enclosed find Draft concerning bill; also please enclose receipt and return, as you will see I have with me Dr. Chas. A. Burleigh, a graduate of the California Medical College. I find him well instructed and qualified for practice, which leads me to the conclusion that a young man turned out from the California Medical College will make no very serious blunders, if he has given careful attention to his instructions. We could report a couple of very interesting cases if you would like them.

I am yours truly,

G. W. BURLEIGH.

◆

SELETIONS.

La Grippe.

J. Allen Hubbs, M. D. in Physio Medical Journal.

Much speculation has been enjoyed by the medical scientists as to the cause or origin of the la grippe and, while they have been able to trace it back to 400 years B. C., they have not been able, in this the 19th century, to give us a remedy.

This historical part is all very nice and very pleasant pastime for medical gentlemen of leisure, but to the busy practitioner a cure is the more desirable knowledge; and the patient suffering from this most painful disease cares but little who had the disease 400 years B. C., or what caused it, but his inquiry is, who can give me relief now that I have it? It is this he wants—a prompt reply in the form of application of the proper remedies for the relief he so much desires.

The la grippe is very sudden in its attack and is very prostrating. The patient experiences dizziness, often violent headache over the eyes, shivering or chilly sensations down the back, and generally pains in the joints and muscles. In some attacks there is a sudden rise of temperature, often running as high as 105° Fahr. The pulse is rapid, though usually it is not as high as in some other febrile forms of disease. Tongue coated with a thick, whitish coat, breath offensive, and usually great torpor of bowels. In some cases we have only simple fever, while with others there are well marked catarrhal symptoms. As all are more or less familiar with them, this is perhaps sufficient for our purpose. Very many physicians have had a personal introduction to this imported friend, hence are fully imformed on this part of our subject. Having had what I consider very good success with this disease, yet desiring to do still better, I have thought by calling the attention of others to it perhaps they might be induced to give us a few notes. I usually inaugurate treatment by ordering

Pulv. alex senna . . . . . ʒi.
Pulv. jalap.
Bi-carb. soda . . . . . . aa ʒss.

Mix: Ft. Ch. No. 4. Sig: One powder every 6 hours until full and free motion from bowels.

Then to relieve the pains, open the skin and kidneys and, in fact, to aid nature by every means to get rid of the poison and save the strength of the patient, I prescribe

Fl. ext. cyp. pub. . . . . ʒii.
Fl. ext. anthemis nob.
Fl. ext. galium apa. . . . . aa ʒiv.
Salicine . . . . ʒii.
Syrupus simplex q. s. . . . . ℥ii.

Sig. Teaspoonful every two hours.

If catarrhal symptoms develope,

Fl. ext. lob. inf.
Fl. ext. asclepias tub. . . . . aa ʒiv.
Syrupus toloutani . . . . ℥i.

M. Sig. Teaspoonful every 1 to 4 hours according to urgency of the case, the patient to be kept in a warm room and not allowed to expose himself for several days after the attack has passed off.

In my practice I have had no use for any of the coal tar derivative and consequently never had a case of heart failure or pneumonia following the above treatment. I am glad to see the more intelligent, practical and thinking allopaths are discountenancing the use of these very dangerous agents in la grippe, as I am convinced they soon will in all cases, as certainly they are among the most death dealing drugs that have been given by chemistry to destroy life under the garb of safety and curative. Their action at all times is to depress nature and chain down the life powers. Scientific treatment has no use for any such deadly compounds, and I hope no physio-medicalists has ever been tempted by the alluring stories and fine spun theories of American and German chemists to give them a trial. The physio-medical physician need not go wild over every new chemical, as his safe and powerful remedies are all sufficient if properly applied.

Brownsville, Penn.

THE TOBACCO HABIT.

The question asked in the February PRESCRIPTION, by W. M. Powell, and answered by your prescription, prompts me to offer my views on the tobacco habit. In the beginning, it is not easy to stop the use of tobacco after one has been accustomed to it for years. It takes moral courage and will-power over one's self, and a determination to quit. I do not believe in tapering off, but quit at once, entirely, and have no tobacco around where it will be tempting you; then use some good tonic, as quinine, strychnia and capsicum, to tone up the system generally.

There is a constant desire for something in the mouth continually, except when eating, and a substitute of some kind will gratify, partially, this desire. I know of none better than some form of chewing gum, flavored with peppermint, or peppermint candy, to dissolve slowly in the mouth. The pungent taste of the mint will greatly relieve the taste for tobacco. Another good substitute is chamomile flowers chewed, and the saliva swallowed; and Charles L. Mitchell, M. D., of Philadelphia, makes a chewing paste of coca leaves, tea, coffee, and cinchona bark, known to the trade as Coca-Bola, which is a tonic stimulant and an excellent substitute. Finally, as she desire for tobacco lessens, then use less of the substitute; but there are times, months after one has not used tobacco, when the desire for it will be almost overpowering, and to yield is to again become enslaved, or fight the fight over with your enemy.

If this does not find its way to the waste-basket, I will write again.

T. E. GOSNELL, M.D.

Louisville, Ky.

TOXEMIC ORIGIN OF RHEUMATISM.

In speaking of some curable forms of rheumatic-gout (*Am. Jour. Med. Sc.*) Dr. Edward Blake states that in regard to the question of the toxemic origin of some forms of rheumatism, the problem naturally presents itself: Are the joints poisoned directly or indirectly?

That the septic material is not carried to the joints directly but that these suffer via. the nervous system, seems likely from the following considerations:

1. The frequent presence of symmetry, especially in first attacks.

2. The extreme rarity of joint abscess in connection with rheumatic gout.

3. The researches of Raymond make it probable—

a. That the muscular atrophy is not due to mere disuse.

b. That the muscular changes, though at times associated with neuritis, are not themselves products of that neuritis.

c. That the changes in the intra-fibrillary muscular substance, in the neighborhood of an osteo arthritic joint, are synchronous with the changes in that joint.

d. That the two phenomena are due to one common cause.

e. That they are both of them results of the reflex trophic change.

The case which has been narrated is not only one of exceptional interest, but it is full of suggestiveness to us in coping with a disease admittedly of a most obstinate and disappointing character.

For a long time we have been accustomed to trace the origin of certain cases of so-called rheumatism to septic absorption. A familiar example is gonorrheal rheumatism; another is the general synovitis seen often as a sequel to puerperal septicemia.

What he desires to draw attention to is the fact that this condition may much more frequently underlie various arthritic changes than we have been in the habit of thinking.

GOUT OF PENIS.

A case of this severe affection was described to the Clinical Society of London by Sir Dyce Duckworth (*Brit. Med. Jour.*) who stated that the patient was occasionally subject to attacks of articular gout, and inherited the disease from his father. Five days before admission he was awakened by sudden pain in the right wrist and right toe joint. The following day he awoke with pain in and firm erection of, the penis. This continued up to the time of admission. Three days later the thoracic and abdominal organs were found healthy. The urine was acid, the specific gravity 1022 and void of albumen. The penis was erect and tense, distressingly painful and turgid. No points of hardness were found in its course. The testes were natural. There was no pain or swelling in the perineum. The temperature varied from 99° to 102°. Aperients and salines with colchicum were administered and a light diet. The priapism persisted steadily, uninfluenced by internal treatment, by sedative suppositories, or lead or opium lotion. A cage had to be placed over the abdomen to prevent impact of the bed-clothes. Micturition was painful, and a soft catheter had to be passed. From time to time fresh articular attacks of gout occurred in various joints with slight rises of temperature. Priapism persisted for twenty-one days without intermission, and gradually subsided with general amendment of all the symptoms. The noteworthy points in the case were, first the gouty inheritance; secondly, enforced sedentary habits, with exposure to lead impregnation and the habitual drinking of beer. While acute gouty inflammation was shown to be not infrequent in the bladder, prostate gland and testes, gout of the body of the penis in this acute form was practically unknown, and the author had never heard of a similar case.

THE PENALTY OF IGNORANCE IN TURKEY.

The practice of medicine in Turkey was formerly subjected to conditions of responsibilty, which if exacted in the western hemisphere might considerably decrease the number of medical practitioners, says the *Pharmaceutical Era.* When the ignorance of a physician caused the death of a patient, he was condemned to bear at the neck two boards in the shape of a collar with bells around. Thus attired he was marched through the principal streets, the bells proclaiming his ignorance and warning the people against him. As a person's death is generally due to ignorance in prolonging life, it must have required a large degree of enthusiasm for the art of healing, to adopt it as a career.

THE MEDICAL TREATMENT OF APPENDICTIS.

By A. B. Kirkpatrick, M. D., Philadelphia.

The diagnosis, symptomatology, and pathology of diseases in the region of the cœcum have been so recently and ably given by Drs. Price and Morton, members of the Society, that it would be useless for me to go over the ground again and attempt to add anything new on the subject. Surgery has made such marvellous advancement and accomplished such brilliant results in the last decade, that the medical treatment of certain diseases appears, at least for the time being, to be eclipsed. I am led to believe, from my limited experience, that some of our younger surgeons are too ready to perform abdominal section before they have exhausted the medical armamentarium, which, though perhaps somewhat slower, *may* be surer and subject the patient to less risk.

I think the surgeon in consultation with the physician will be able to determine and select the cases for operation, if they are so fortunate as to see them in their incipiency, but in many of these cases the physician is called in late, and the surgeon later—too late in some cases.

We are all more or less infatuated with the wonderful results of present surgery, because, I think it is something tangible. We make our diagnosis of appendicitis, upon the abdomen, and remove the diseased organ. There is the ocular proof of our skill in diagnosis and operation. In medical treatment, our evidence, if we can produce any, is not so conclusive. It is of a more circumstantial character.

No one of the same experience feels more deeply than I do, the debt of gratitude we owe to aggressive surgeons, and no one, I think, takes the knife with more satisfaction, but I must always be *certain* that it is the *only* or safest method for the patient.

Local Treatment of Epididymitis.

Dr. Wm. S. Gottheil has found rest, salines, and the following local treatment very successful (*Int. Jour. of Surg.*): From the very beginning of the inflammation the scrotal skin over the entire affected testicle, as well as the skin covering the spermatic cord of that side, and the corresponding hypogastric region of the abdomen, should be thoroughly painted three times daily with a solution of nitrate of silver in water, forty grains to the ounce. It should be allowed to dry on. After two or three applications the skin turns brown and a slight burning and stinging follows the application. The brown color deepens into black, and soon the hardened epidermis begins to crack and scale off. As it peels a red sensitive epidermis is exposed. The painting is persisted in, and a considerable amount of burning and smarting is felt, which lasts perhaps fifteen minutes after the painting. But the patients are usually loud in their praise of the counter-irritant, which markedly relieves the distressing pain and ache which is so prominent a feature of the disease.

Under this simple treatment the pain soon disappears entirely, and then the swollen epididymis begins to lessen in size. Now is the time when it is especially difficult to keep the patient in bed; and now is exactly the time when it is most important to do so. Getting up before the swelling has almost gone, protracts recovery and tends to cause relapses. The longer you can keep the patient in bed, the better will be your result, and the quicker your cure.

ARISTOL IN EPISTAXIS.

In many cases of nose-bleed it is difficult to locate the exact site of the hemorrhage. To treat these cases by blindly filling the nasal cavities with astringents simply means to damage a large portion of the mucuous membrane in order to benefit a small diseased part. It was in one of these cases recently, after all measures had failed to be of any service in locating the bleeding point, that it occurred to me that if I had a powder of a light color that would adhere to the blood-stained surfaces, the blood at the bleeding points would force its way through the powder and by this means indicate the location of the point at which the hemorrhage occurred. Having some aristol with me, I insuffluated it by means of a DeVilbiss powder-blower. The experiment was a perfect success. The bleeding point was easily located. It proved to be a small erosion of the septum, not larger than a pin head. At the same time I noticed that the hemorrhage had materially diminished. Attributing the diminution to the effects of the aristol, I insufflated the nose three or four times with it, when the hemorrhage was completely arrested.—[Fitzpatrick in *Lancet-Clinic.*

The disagreeable experience of a physician is related by a dispatch from St. Petersburg: Laborers working beside the grave of a doctor recently buried, were startled by a succession of shrieks, which, to all appearances came from the newly made grave. At first the men fled in consternation, but in a short time their courage returned and they decided to investigate the matter. Shovels were procured and the earth was hastily removed from the grave, and the coffin lifted out. Upon opening the coffin, it was found that the doctor had been buried alive, but had subsequently died from suffocation. The body gave evidence of the terrible agony endured by the physician when he regained consciousness and found himself in his coffin. He had made almost superhuman efforts to burst open the coffin, but the weight of the earth prevented this, and then, frantic with the horror of his situation had turned on his side, and in the agonies of suffocation had beaten his forehead against the coffin until his head was terribly bruised.

PARAPHIMOSIS.

In a series of articles on diseases of the urinary apparatus (*N. Y. Med. Jour.*) Dr. John W. S. Gouley states in regard to the above that paraphimosis, an accident of phimosis, occurs from the forcible retraction of a narrow prepuce for the purpose of cleansing the glans, or during coition or masturbation. It is then very difficult or impossible for the patient to bring forward the retracted prepuce, owing to swelling of the glans penis. When paraphimosis has existed several days it is not possible sometimes, even after section of the constricting ring, to replace the foreskin. Ordinarily it is rather an inconvenient and unsightly deformity than a dangerous condition, for the glans penis is very rarely damaged by an irreducible paraphimosis. A portion of the dense ring into which the retracted prepuce is converted finally sloughs and strangulation ceases, but the adhesions which take place forbid the ultimate reduction of the prepuce.

The reduction of the retracted prepuce in paraphimosis can generally be effected by compressing the glans penis and pushing it backward while the prepuce is, as it were, unrolled upon the glans, using for this purpose the thumb and index and middle fingers of each hand. This process is applicable only before the glans penis has become very tumid. When the tumefaction of the glans is such as to forbid reduction by this method, a simple and quick process is to apply elastic compression by means of a bandage, one inch wide, of thin India-rubber, such as dental surgeons use under the name of rubber dam. Compression as made expels the blood from the glans and sufficiently decreases its size to permit of reduction of the retracted prepuce. The last turns of the bandage should be applied to the œdematous prepuce to expel the serum from the meshes of its connective tissue. The bandage is not removed from the glans penis until the reduction is nearly complete. It has been proposed to relieve paraphimosis by placing the patient on his back, grasping the penis with one hand, and striving thus to lift him. This is said to have been practiced on children as well as on adults. The violence of this remedy is such as to make it worse than the discomfort which it is designed to relieve, for the traction incident to the effort of raising the whole body by the penis is so great as to seriously injure the urethra, and possibly also the cavernous bodies.

VACCINATION APHORISMS.

The following from the pen of Dr W. M. Yandell, appears in the *Texas Sanitarian*:

1. Vaccination, properly performed, is a perfect protection against the infection of small pox.

2. In many cases a single vaccination will afford complete protection for a life-time.

3. Small-pox after a successful re-vaccination, is an exceedingly rare event.

4. The best plan is to vaccinate at intervals of two years until the individual has four good scars.

5. Re-vaccination should be performed after puberty, and always after or preceding a new exposure to the contagion of small-pox.

6. The best time for the first performance of vaccination is in infancy, between the first and fifth months.

7. Fresh humanized lymph is more certain and rapid in its working and is a surer safeguard than is bovine lymph, hence should, if procurable, always be used after known exposure to small pox.

8. The virus for use should be taken from the vesicle on the eighth day; never later.

9. If the child is sickly or has any known eruptions it should be got into good condition before vaccination, unless

small pox is prevailing, when there is no age, however early, and no degree of poorliness that should bar out the operation.

10. Entire insusceptibility to the vaccine virus is infrequent, if it ever occurs, and no number of unsuccessful vaccinations prove an insusceptibility to small-pox.

11. Isolation, quarantine, cleanliness, disinfection, are valuable as adjuncts, but vaccination is our sheet anchor.

12. Small-pox can be wiped out by vaccination just as surely and effectually as you can put out a fire by removing the fuel.

13. Varioloid is small-pox modified by vaccination. (Authorities—"Loomis' Practical Medicine"; "Keating's Cyclopedia of Diseases of children"; Dr. G. G. Craip's "Report to Common Council," Rock Island, Ill.)

The facts stated above are not new to the profession, of course; they have been put in concise shape to answer questions asked by non-professional people.

FOR COLD IN THE HEAD.

There is no better remedy than gelsemuim. One good large dose, say ten minims of the fluid extract, taken upon going to bed, will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.—*Med. Summary.*

REMOVAL OF THE GREAT TOE-NAIL.

A writer says in the *Lancet*: I am frequently called upon to remove the great toe-nail by surgical operation. Till within the last year or two I have followed the usual method by dividing the nail down the middle with a pair of scissors, and tearing away each half separately with forceps. Of late I have adopted another plan, which I venture to recommend as much better. Observing, as all must have done, the readiness with which a splinter of wood inserts itself beneath the nail, I take a piece of ordinary deal lath about four inches in length, pare one end thin, and adapt it to the size and shape of the particular nail. The thin edge, previously oiled, is passed rapidly beneath the nail down to its root and the hand raised, thus completely detaching the nail from its bed in about two seconds of time. The advantages claimed for this simple operation are threefold—its extreme ease of execution, its rapidity, and the very slight injury inflicted on the soft parts. I am justified in recommending its adoption by the approbation of others who have tried it.

Dr. C. S. Robinson, Richford, Tiago Co., N. Y., says: I have tried PAPINE (Battle & Co.) and I find it possesses the medicinal virtues of opium, unalloyed with the drawbacks following the use of other forms of the drug. I tested PAPINE in my own case, having used many forms of opium, during forty years, but only in acute attacks. It is not harmful like crude opium, morphine and other preparations, in delicate or irritable stomachs; on the contrary it is acceptable as cordial. Also, the head is not made ill as it is by the other forms of opium that have come under my observation during most half a century. PAPINE is more prompt than morphine, except when the latter is used hypodermically. My wife has acute rheumatic attacks, and so-called "sick-headaches," and long ago decided she was unable to bear morphine or opium treatment. On hearing me extol PAPINE, she tried it unbeknown to me, and afterwards reported, saying: "I believe it is indeed a good remedy, I can take it, for it does not make me sicker when I am sick."

Failure of an Ostrich's Digestion.

The death of a well known ostrich belonging to a circus is reported from Cincinnatti as having been due to influenza, says an exchange. At the post-mortem a diamond pin, of the value of $800, was found pinned in his stomach. The pin had been picked last summer from a gentleman's shirt ront in Montreal.

The Knee Jerk.

Not the least important of recent contributions to the study of this ever-interesting reflex phenomenon, is that of John Ferguson, M. D., etc., of Toronto, contributed to the Medical Record of recent date. Of the various reflexes, the myotatic contraction produced by the sharp and sudden striking of the patellar tendon, is probably the most important. The writer reports three cases of injury to the spinal cord, in which there was complete absence of the knee-jerk and ankle clonus. In these cases the cord was completely severed from both cerebrum and cerebellum, and it is very evident, as the writer concludes, that if the knee-jerk depends upon the spinal cord, and is only inhibited by the brain, there should have been an exaggeration, rather than an extinction of the phenomenon. On the other hand, he adduces proof that the knee-jerk is something more than a spinal reflex, by the citation of cases, with which we are all familiar, in which from disease or injury there has been a removal of the influence of the cerebrum, with the result of great exaggeration of the knee and ankle reflexes. His argument is completed by the report of several cases of cerebellar tumors, in which there was a complete absence of the knee-jerk and ankle clonus, although the cerebrum and spinal cord were intact. The writer further calls attention to the fact that the familiar post-epileptic exaggeration of the knee reflex, is by him found to be absent in precursive epilepsia, and leads him to suspect that this form of epilepsia is due to a cerebellar "discharge," which causes its exhaustion, so that the spinal cord does not receive the influx from the cerebellum, while the inhibitory influence of the cerebrum is in full force. When the discharge is cerebral, inhibition is weakened and the reflex is increased. The whole trend of the paper is toward the theory advanced by Hughlings Jackson, that the knee reflex is due to an influx from the cerebellum, and is not a simple spinal reflex. H.

Doctor—My dear madame, there is nothing the matter with you—you only need rest." "But Doctor, just look at my tongue?" "Needs rest, too, madame."

FOREIGN BODIES IN BLADDER.

The subject of foreign bodies in cavities of the human body is always replete with interest. In a recent number of the *North American Practitioner* Dr. C. W. Oviatt reports two cases which are curious. In the first, a male of 26, he made a lateral lithotomy and removed a stone weighing 6½ drachms, irregular in outline and easily broken down. The nucleus was a coiled, cylindrical body about ⅛ inch in diameter, which proved to be a piece of "Allans's Medicated Bougies" which had been introduced by the patient one year and eight months previously, during an attack of gonorrhea.

The second case occurred in a young married woman who was being treated for bladder trouble. Tenesmus, hemorrhage, and frequent micturition were present. Upon diligent inquiry the information was elicited that in the attempts resorted to prevent conception the husband learned that introducing a sponge-tent would have the desired effect. The tent was introduced into the urethra, and upon attempting to withdraw it, the string broke. A physician was called in and he pushed it in the bladder with a catheter. Dilatation of the urethra and the introduction of delicate forceps removed the body.

SKILLFUL SURGEONS.

A writer in an exchange says, a story which almost deserves to rank with "the fairy tales of science" was told at Ipswich last week in the course of an inquest on a pauper lunatic named Timothy Sheehan, aged seventy-two. It seems that Timothy was transferred to Ipswich from Camberwell, a few months back. On his arrival he was found to be "suffering from emphyzema of the lungs, bronchitis, heart disease and kidney mischief." As if that were not euough, he presently developed a swelling of the hip, so Dr. Lewis Rowe and Dr. Tidbury, the asylum doctors, proceeded to make "the usual examination of the hip joint. This is where the scientific narrative reaches its culminating point. The doctors went to work and "twisted the bone about," and as a result discovered that the patient had extensive disease of the joint. That, however, was not the only result, for in the midst of the investigation (during the twisting of the bones about,) a report was heard, and the two medicos surmised that a fracture had taken place. They then set to work to look for the fracture, but were unable to discover it. When, however, the man died—as marvelous to relate he did a month or so later, notwithstanding all the scientific resources at hand—a post-mortem examination disclosed that a fracture really had taken place, apparently just at the very identical time when the bones were being twisted about and the crack was heard. The coroner spoke very enthusiastically of the high qualifications of the two medical gentlemen; the jury seemed to have been equally delighted; and for my part I am only too happy to offer my humble tribute in the same direction. It is only when we read a story like this of the breaking of a patient's thigh in the attempt to discover whether he has a diseased hip that we perceive as fully as we ought what a beneficent profession is that of medicine, and how much we shall still have to be thankful for, even if the worse comes to worst, and we find our way into pauper lunatic asylums.

A PECULIAR CASE THAT PUZZLED SEVERAL DOCTORS.

A young German lad, 18 years of age, was brought to the St. John's Hospital at Long Island City one day last week in a comotose condition. His ailment at first seemed to baffle the physicians for they were unable to diagnose his malady. The following day he was attacked with fainting spells and acted very strangely. He soon grew rapidly worse, and when asked how he felt it was found that he had completely lost the power of speech. At this point the doctors held a long consulation and finally came to the conclusion that the boy died from paralysis due to hemorrhage, brought on probably by a fall.

Shall clergymen pay the physician for services is a question which one of our New York cotemporaries disposes in the following manner: This question has come up for discussion, based upon the bill of a Brooklyn physician made against the estate of a Catholic priest for services rendered. The heirs protested on the ground that it was usual for physicians to make no charges under the circumstances. There is no reason why this should be so, however, as was very properly stated by a priest in voluntarily answering the question in a letter to one of the newspapers. We entirely agree with the latter assertion and that, save in a very few exceptional cases, charges should always be made. The physician pays the priest for the marriage ceremony, for christening, and his heirs are expected to be ready with an honarium when mass is said at the funeral of the doctor, when his many deeds of charity are over. Nor does the physician enjoy a free pew in the church of his choice on the score of helping the deserving poor of the congregation. As a mere matter of advertisement for practice it seldom if ever pays, as the clergyman chooses a physician for himself, but for policy sake does not recommend one doctor more than another for members of his flock. But more than all, the services to the priest or minister are valued in proportion to the amount actually paid for them.

DISSMISSED IN DISGRACE.

A Texas Medical student attending lectures at one of the Louisville Medical colleges was recently expelled. His offense was a grave one, he having received $135 from his fellow students for the purpose of taking the dead body of a chum and room-mate to his home in Texas, and subsequently appropriating the same amount of money refunded by the brother of the dead man. The check was traced and $130 found upon the delinquent's person. The money is to be paid back to the students who contributed, and the culprit will be prosecuted.

Nasal Catarrh.

The following will be found to be almost a specific for Catarrh of the Nasal Passages:

℞ Iodoformi, ʒ j.
Ext. geranii, gr. x.
Acidi carbolici, gtt. xv.
Vaselini, q. s. ℥ j.

M. Sig. Take a small pledget of absorbent cotton and make a bougie by saturating it with the above ointment, and simply introduce into the nasal passage as far as necessary, at bedtime. These are left in all night, and can be removed in the morning by blowing the nose. The nostrils should be plugged alternately with the bougies, and cleaned each night before the introduction of them, with a posterior nasal douche of a weak solution of sodium chloride. Scarcely any other treatment is needed, as the most obstinate cases of catarrh will yield to the treatment in a week or ten days, but in case constitutional symptoms demand attention I give what I deem in my judgment is indicated.

I claim nothing original for the above plan of treating this most obstinate trouble, but as I have had such good success in this class of cases, and this has been my *modus operandi*, I deemed it my duty to give it to my professional brethren, and see what results they would have with it.

Yours very truly,

Falls City, Neb. Chas. L. Kerr, M. D.

The Bread That Russians Eat.

The *Lancet* publishes an analysis of the bread in common use in the famine-stricken districts of Russia, showing that 10 per cent, and probably more of the article is composed of woody fibre, husks, leafy matter, seeds, silica, sand and other foreign substances. The so-called bread is of a dirty, brown color and resembles peat. Experts to whom it was submitted failed to recognize it as bread.

THE DISPENSARY QUESTION IN THE CITY OF NEW YORK.

Editor Doctors' Weekly:

Since, notwithstanding the emphatic and repeated denunciations of the great mass of general practitioners in New York, against the free dispensary-system, no effort has been made to reform the abuses connected with it by those having them in charge the question naturally arises, what shall be done about it? Will the plodding practitioner tamely submit to being deprived of an increase which he is entitled to, or, as there is evidently "money in it," will he with the co-operation of one or more *confreres* rent a room and cover over the wall of the houses with a large ornate sign, stating that it is "opened to supply a long-felt want in providing *free* treatment to the poor"?

Its founders have "sized up" the code question, which, says we must not advertise, etc., etc., but the observant have often noticed, that the most blantant shouters among them are the most successful advertisers and constantly keep their names before the public, through the press, in the way of newspaper puffs and in the way of endorsers of salves, waters and nostrums. Their motto being, " do as I say, not as I do; for I am the great mogul, who can commit no wrong." Looking at the expense of the venture, it is but very small. It is for the poor, you know, and we will charge but a pittance; a *cent* or *two* a day, for professional advice to each, say 20 to 25 cents a month and as all the drugs are the purest and imported, *only* 10 cents for a prescription. Cases will be attended at the house for nothing(?) But if a death or insurance certificate is wanted, five dollars for each is demanded, in lieu of the Coroner.

Looking seriously at the matter, this seems to be the only way the public dispensary and free hospital treatment can be successfully combatted, *i. e.*, by the general profession, since the courts have recently decided that once an individual crosses the threshold of an eleemosynary institution he must take his chances, as there is no redress in the law for him should his case go badly. The people would much prefer to give something and hold the medical attendant responsible as they certainly can when anything is paid in consideration for medical advice.

Besides, dispensaries would afford the young man an opportunity to wear off the *eunui* forced on the beginner as well as many a hoary headed old veteran, who finds himself rusting away through enforced idleness.

Let the doctors combine, then divide and subdivide the city into districts, for the income from the city treasurer, (paid annually) for every case registered on the dispensary books, added to other receipts and monthly payments would amply meet the expenses.

I. N. EARNEST, M. D.

A reverse of seasons is supposed to take place upon this earth once in every 10.500 years, due to the varying inclination of the earth's axis. About 1,500 years ago we entered the epoch of a more genial winter temperature, and if nothing happens to prevent, we may expect a gradual softening of our winter climate during the next nine thousand years, when another glacial epoch will begin. What sort of a country will this be in the year 11,500? Will it resemble Egypt, with remains of great buildings buried or sticking up out of the sand, and known to be more than 4,000 years old? An exchange exclaims in anxiety: There is another question which greatly interests us, and that is: What will be the price of coal when the next cold spell sets in?

ACETIC ACID IN THE TREATMENT OF DIPHTHERIA.

According to the *Pharmaceutische Zeitung,* J. Hirsch in a pamphlet which he has published upon the treatment of diphtheria with acetic acid, states that during the nine years in which he has employed this agent he has not lost a case of diphtheria. He applies the acid to the inflamed parts in the first stage of the disease. He says, if more agreeable, the domestic spiced vinegar may be used.

REMOVAL OF NECROTIC AND CARIOUS BONE WITH HYDROCHLORIC ACID.

Dr. Robert T. Morris, of New York, in a paper read before the Virginia State Medical Society, stated that deforming and dangerous operations could be avoided by adopting a method which he thought was now complete. An opening is to be made directly down to the dead bone, and a large sinus formed. All other related sinuses are then made to lead into the large single one if possible. At the end of about a week, when granulation of the walls of the sinus has begun, the cavity is injected with a three-per cent. solution of hydrochloric acid in distilled water. The frequency of making injections varies with the nature of the case. If the patient is confined to bed, injections can be made every two or three hours. If the patient is going about, injections are made only at night, and the patient is directed to assume a position in bed that will retain the acid solution. This acid injection decalcifies dead bones rapidly, but as only superficial layers are attacked, other experiments have failed because they could not get rid of decalcified bone readily, and the acid solution did not penetrate to deep portions through it. Dr. Morris' plan consists in injecting into the sinus, at intervals of about two days, an acidulated pepsin solution, and this will digest out the decalcified bone in two or three hours. The whole process is then repeated until the sinus closes from the bottom, which it will do when the last dead bone is out.—*Virginia Medical Monthly.*

BURNS AND SCALDS.

In place of Carron oil, an antiseptic and soothing liniment in equal parts of a saturated solution of borax and either linseed or olive oil. When all sloughs have separated, and the fearful pain from exposed nerve-filaments sets in, carbolized zinc ointment will be found the best application, with the use of cocaine (4 per cent.) or pure carbolic acid to the most painful parts.

CHRONIC SPRAINS OF FINGER-JOINTS.

Dr. Robert W. Lovett in a paper read before the Boston Society for Medical Improvement (*Boston Meg. and Surg. Jour.*) gave his treatment of this troublesome affection as follows:

In general the tin finger-splint has been used and the affected joint freely painted with iodine during the time of its immobility. In private practice it has been more comfortable to apply the copper-wire splint, which is done by winding the finger in sheet wadding and then winding a spiral of thin copper wire about it with one or two lengths running from the tip to the base of the finger. This gives complete and comfortable immobility, but requires constant adjustment and is liable to interfere with the circulation. After the finger has been immobilized for such a time as seems best according to the severity of the case, the use of hot-water soaking is begun along with massage every second day. Gradually the splint is discontinued without much regard to the pain caused, and the patient encouraged to use the finger.

Two points have appeared to the writer to be established: One is that simple fixation, however prolonged, is not enough to cure the affection, and secondly, experience in the more severe cases has shown that the immediate use of massage is not tolerated. Consequently a period of immobilization must be insisted upon which at the time seems to be accomplishing very little, but which probably is an essential part of the treatment. And at the close of this period of fixation there is often but little improvement to be noted and pain on movement seems perhaps as severe as in the first place. But this must be disregarded and massage begun.

Salicylate of soda three times a day, or oftener, in ten grain doses, has formed part of the writer's treatment, because in some cases there was evidently a rheumatic element, and because in the majority of cases it was found to control the pain and seemed to hasten the convalescence. The general condition often needs attention.

HOW TO LAUGH AT THE MOSQUITO.

I notice that some one recommends the use of camphor against the mosquito nuisance. I have used camphor for this purpose for some time, though I have not found it necessary to burn it. I take a piece of camphor fully an inch square and half an inch thick; this I lay on the bureau—always exposed—in daytime, and on or near the pillow at night. This is the only remedy I ever tried that afforded thorough relief. Even a mosquito bar lets the mosquito in and bars the air out. Have two windows and door of the room wide open, no bars, and draft through. Have not been annoyed by mosquitoes since using the camphor, except to a very light extent for a night or two in case of storm and unusual draft through the room. I think then an additional piece or two of camphor would have prevented that. The mosquito has been a great annoyance to me, but I feel that I can now laugh at him. If others find the remedy as effectual as I have, it will soon be a boon.—[*Meyer Bros.' Druggist.*

TO REMOVE FOREIGN BODIES FROM THE EAR.

Dr. Olivenbaum had a young gypsy boy come to him who, while playing with some glass beads, had gotten one into his ear, so that it rested up against the drumhead. He tried syringing, Lowenberg's agglutinative method—a small brush is dipped into glue, introduced into the ear, and allowed to dry on the foreign body—but all to no use. Pulverized alum warmed over the flame of an alcohol lamp was found to furnish an excellent and quickly-stiffening agglutinative substance. He proceeded as follows: Finely pulverized alum is heated in a teaspoon over an alcohol lamp. A wood splinter is dipped into the alum and then quickly introduced into the meatus, held up against the foreign body until it has stuck fast, when the same may be withdrawn. To prevent burning the walls of the ear, a piece of stiff paper may be introduced to line and so to protect them.

THE PURIFICATION OF WATER BY ELECTRICITY.

The Webster method of purifying waste-water by means of electricity has been tested by Dr. Fermi in the Hygienic Institute at Munich, Germany. During the course of the experiments it was found that the water became purified in about fifteen minutes, the organic substances being reduced by about one-half, and the suspended substances being precipitated to the bottom. The smell of the water was perceptibly improved. While the results of the tests show that electricity does not at the present time realize the ideal of water purification, it has two great advantages: first, that very little iron is precipitated and its removal is not so difficult as in the case of purification by chemical means; and second, the dissolved organic substances, which are not precipitated by any of the known chemical methods hitherto employed, are at least partially removed by the electric current.

SEAT WORMS.

Dr. W. Thornton Parker (*Med. News*), writes in regard to thread or seat worms, that in recent years he has seldom used vermifuges, but that copious rectal injections of chloride of sodium in solution, or of boro-glyceride, one to twenty, followed by small rectal suppositories of boro-glyceride, have constituted his regular practice, invariably with good results. A dose of fluid extract of spigelia and senna in the morning with a moderate dose of castor oil a few hours later, with reasonable attention to errors in diet and particularly as to the water supply, is all the additional treatment required. It would seem to be unwise to dose the little patients, with the risk of injury to the stomach and intestines for the sake of removing some irritating thread worms, the habitat of which is the rectum.—*Coll. and Clin. Record.*

The use of cocaine and of Sulfonal has been interdicted throughout the Ottoman Empire an Imperial tirade having been promulgated to that effect.

ORGANIC CHEMISTRY.

BY PROF. M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.,
Professor of Chemistry and Toxicology, in the California Medical College.

Although cynogen is considered a nitril of oxalic acid many of its Salts are formed upon the carbonic acid type. **Cyanic Acid or Carbinide** CO.NH (an imide of carbonic acid) is obtained by heating cyanuric acid and distilling the vapor into iced receivers, it is stable only below 0°, it is very volatile, strongly acid and smells like glacial acetic acid. Above 0° it is converted into CO_2 and NH_3.

The esters of cyanic acid when acted on by amnies and NH_3 yield Alkylic Ureas. **Mercury Thiocyanate** Hg2(CNS) is a an amorphous gray precipitate, which, when ignited burns and swells up strongly. When moulded into cones, and ignited its grows and uncoils like a serpent. In this form it is known as Eggs of Pharo's serpent.

Sodium Thiocyanate NaCNS, is very delequescent, and occurs in the saliva and urnie of some animals.

Esters of Thiocyanic acid are the **Mustard** oils or **Thiocarbimides.**

Methyl Mustard oil CH_3CNS Methyl Thiocarbimide is a crystalline mass. **Ethyl** Mustard oil is C_2H_5 CNS.

Butyl Mustard oil C_4H_9CNS occurs in the Etherial oil of **Cochlerio officinale.**

Allyl Mustard oil C_3H_5 CNS. Allyl Thiocarbimide.

This is the principal constituent of ordinary mustard oil, and is obtained by distilling powdered black mustard seed (*Sinapis negia*). The potassium myronate of the seed will ferment in the presence of water and myrosin, the peculiar ferment which is associated with potassium myronate in the seeds. Potassium myronate is a glusocide, hence the following reaction is possible.

$$\underset{\text{K,—Myranate}}{C_{10}H_{18}KNO_{10}S_2}+\underset{\text{Glucose}}{C_6H_{12}O_9}+KHSO_4+\underset{\text{Mustard oil.}}{C_3HC_5NS.}$$

Allyl mustard oil boils at 150.7°. It has the well known pungent odor and blistering properties of the mustard cataplasm.

Isobutyl cyanide C_4H_9CN forms the artificial oil of bitter almonds.

Mercury Aceto Fulminate $Hg2CNO$ or Fulminating Mercury is formed by heating a mixture of alcohol HNO_3 and $Hg2NO_3$. It crystallizes in shining gray prism, which will explode violently on percussion. They are used in the manufacture of common gun (percussion) caps.

Cyanamide $CN\ NH_2$, may be formed by the action of Sodium amide upon CO_2. By the action of H_2SO_4, H_3PO_4 or HNO_3 it absorbs H_2O and becomes **Urea**, H_2S converts it into **Guanidine**.

Urea or Carbamide CH_4N_2O or $CO<^{NH_2}_{NH_2}$

Is an amide of carbonic acid. It occurs in the urine of mammals, birds and some reptiles. It may be prepared by conducting NH_3 into fused phenyl carbonate, or from Cyanamide see above.

To prepared it from urine,—evaporate the urine to a thick syrup, when cold add a strong solution of oxalic acid, this gives oxalate of urea which is to be repeatedly crystallized from a weak solution of oxalic acid, now dissolve in pure H_2O, heat with $BaCO_3$, evaporate to dryness, the pure urea may now be extracted with absolute alcohol.

Urea crystallizes in long rhombic prisms. It has a cooling taste similar to saltpeter, when boiled with strong acids or alkalies it is decomposed into CO_2 and $2NH_3$.

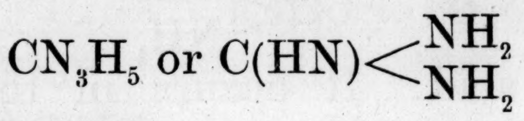
Uric Acid $C_5H_4N_4O_3$ is the result of a metamorphosis in the animal economy of such amide compounds as urea, glycocoll, leucine, aspartic acid etc. Human urine contains about 0.5 grms. per day. It occurs more from an animal diet. In gout, rheumatism and some diseases of the blood it circulates with that fluid as the acid sodium salt, and is deposited in the joints, as the so-called chalk stone or calcareous deposit.

Uric acid is best prepared from guano, it may be prepared artificially by heating glycocoll with urea. When pure it is a shining white powder, odorless and tasteless, insoluble in alcohol or ether, one part dissolved in 15000 of H_2O.

Test. Evaporate uric acid to dryness with HNO_3 moisten with ammonia, a purple red color appears, moisten with KHO a violet color appears (murexide test.)

The principal salts are sodium, magnesium. potassium, and ammonium neutral and acid urates, these exist in the urine in the proportion of 1.3 parts in 1000 and are known as the mixed urates. The potassium and ammonium salts are most soluble and most abundant. When urine is passed into a cold vessel they deposit as a pink sediment.

The vasious crystalline salts of uric acid are very beautlful; (see the authors urinology for illustrations.)

Guanidine 

CN_3H_5 or $C(HN)<\begin{matrix}NH_2\\NH_2\end{matrix}$

Carb-diamid-imide is a compound amide of carbonic acid. It may be obtained by the oxidation of the guanine of guano. The crystals of guanine are very soluble in H_2O and alcohol and delequesce on exposure.

Creatine $C_4H_9N_3O_2$ **Methyl glycocyamine** (a guanidine salt) occurs in the animal organism in the juice of the mnscles and in the urine. It crystallizes in glistening prisms, with hot acids. Creatine loses H_2O and becomes **Creatinine methyl glycocyamidine.**

$C_4H_9N_3O_2-H_2O=C_4H_7N_3O$.

It occurs constantly in the urine about 0.25 per cent. It crystallizes in rhombic prisms, and is very soluble in H_2O and alcohol.

SALTS OF PROPYLENE.

Propylene C_3H_6 see page 35, is obtained from many organic substances such as coal gas etc, or when the vapors of amyl alcohol are conducted through red hot tubes, or a mixture of Zn dust and Glycerine when heated evolves propylene. It is a gas with an alliaceous odor, and is liquifiable under great pressure.

Propylene Oxide or Ether C_3H_6O. This body is isomeric with propionaldehyde and Acetone. It is a mobile liquid having an etherial odor and a pungent taste, it boils at 35° and is soluble in H_2O. It has several interesting side salts, like propylene chlorhydrin $C_3H_6O(OH)$ which is formed by saturating propylene glycol with HCl, and Propylene Iodhydrin $C_3H_6I(OH)$, Propylene di-chlorid C_3H_62Cl is a liquid with an odor resembling that of leeks.

Allyl Alcohol C_3H_5HO (unsaturated) may be produced by heating Ally Iodide to 100° with 20 parts of H_2O, or by the action of nascent H upon Acrolein. Also by heating glycerine with oxalic acid. It is a mobile liquid with a pungent odor. It boils at 197°. It is miscible with H_2O and burns with a bright flame.

Propylene Glycol or Alcohol C_3H_62HO (saturated) is obtained by distilling glycerine with NaHO. It is a thick liquid with a sweet taste, and boils at 188°. Platinum black oxidizes it acetic acid. **Trimethylene Glycol** is the same thing in an isomeric form with slightly different properties. The usual side salts are known.

The **Aldehyde** of Propylene Glycol is not known, but the aldehyde of vinyl alcohol is **Acrylaldehyde** C_3H_4O it is unsaturated like its alcohol from which it is obtained by distillation of glycerine or fats.

$$\underset{\text{Glycerine}}{C_3H_53HO}=\underset{\text{Acrolein}}{C_3H_4O}+2H_2O$$

It is known as acrolein, and is a colorless mobile liquid, boiling at 52°. It has a very pungent odor, and is a strong escharotic, attacking the mucuous membranes powerfully. The odor of burning fat is occasioned by acrolein. It is soluble in about 3 parts of H_2O. When exposed to the air it is oxidized to acrylic acid.

Acrylic Acid $C_3H_4O_2$ (unsaturated) is obtained by oxidizing acrolein with Ag_2O. It is a liquid with an odor like acetic acid. It boils at 140° and is miscible with H_2O.

Lactic Acid or Oxypropionic acid $C_3H_6O_3$. There are two isomeric acid. Ethidene Lactic or the ordinary lactic acid of fermentation, and ethylene lactic acid. The Ethidene acid was first discovered in sour milk. It is formed during the fermentation of cane, grape or milk, sugar, gum starch, etc., in the presence of albuminoid substances, such as casein. It is produced in acid or fermentative, dyspepsia. It is found free in sauerkraut, pickles and many other other vegetables which have turned sour.

The lactic acid ferment consists of ovid cells (Penicilluim glaucum) which float on the surface of the liquid, access of air and the presence of nitrogenous substance is necessary. HNO_3 oxidizes lactic acid to H_2O, CO_2 and oxalic acid.

Fermentation lactic acid is a thick syrupy liquid with a sp.gr. of 1.215, it cannot be crystallized. It is miscible with H_2O alcohol and ether. It will absorb moisture when exposed to the air. The salts of lactic acid (lactates) are numerous.

Znic lactate $Zn2(C_3H_5O_3)$ and **Ferrous lactate,** $Fe2(C_3H_5O_3)$ are both used in medicine. The etherial lactates are numerous, so also are the lactyls.

Paralatic or Sarcolaclatic acid $CH_3CH(OH)COOH$ is a peculiar modification of fermentation lactic acid. It is found in the juice of flesh, and in bile, also in the urine in cases of phosphorous poisoning. It can only be distinguished from fermentation lactic acid by the fact that it turns the plane of polarization to the right while the ordinary acid is inactive.

Ethylene Lactic Acid or Hydracrylic Acid $CH_2(OH)CH_2COOH$, cannot be obtained through the process of fermentation, but by several complex reactions. It is a non crystallizable thick syrup. When heated it loses H_2O and forms acrylic acid (hence the name Hydracrylic). **Pyruric or Pyroracemic Acid** $CH_3COCOOH$ is an acetone of lactic acid, it is one of the products of the distillation of the tartrates, or of glycerine, it is a syrupy mass with the mixed odor of extract of meat and acetic acid.

Melonic Acid $CH_2\ (COOH)_2$ occurs in the deposit found in the vacuum pans employed in the beet sugar manufacture. It is obtained by the oxidation of malic acid (and hydracrylic) with chromic acid.

Melonic Acid crystallizes in large laminæ, it is very soluble in H_2O alcohol and ether. It has a large number of side salts.

SALTS OF BUTYLENE.

Butylene C_4H_8 see Pg 35.

There are three isomeric Butylenes.

α–Butylene or Ethyl Ethylene $CH_3CH_2CH{=}CH_2$ B. P.–5°
β– " " Dimethyl Ethylene $CH_3CH{=}CHCH_3$ " "+1°
γ– " " Isobutylene $(CH_3)_2C{=}CH_2$ " "-6°

These bodies occur during the decomposition of many organic bodies at high temperatures, each one has its full set of side salts which are also isomeric.

The oxides are not known.

The unsaturated alcohol is **Crotyl Alcohol** (C_4H_7OH) obtained from croton aldehyde by means of nascent H, it boils between 117° and 120°

Butylene Glycols C_4H_82HO. Four of the six possible glycols are known.

α–Butylene Glycol $CH_3CH_2CH(OH)CH_2OH$ boils at 192°
β– " " $CH_3CH(OH)CH_2CH_2OH$ " " 207°

When oxidized with HNO_3 or chromic acid, we get acetic and oxalic acids and croton aldehyde.

γ–Butylene Glycol $CH_3CH(OH)CH(OH)CH_3$ boils at 184°
Isobutylene " $(CH_3)C(OH)CH_2OH$ " " 178°

Normal Butyraldehyde C_3H_7CHO is from Normal butyl alcohol and normal butyric acid, it is a liquid boiling at 75°, it oxidizes readily to butyric acid; heated with alcoholic ammonia it yields the base Paraconine $C_8H_{15}N$ which is similar to conine $C_8H_{17}N$.

Isobutyraldehyde $(CH_3)_2CHCOH$ boils at 63°

Oxybutyraldehyde $C_3H_6(OH)COH$ or Aldol is a colorless and odorless liquid, it decomposes at about 135°.

Croton Aldehyde C_4H_6O is obtained from acetaldehyde when heated with HCl, it is a liquid with an irritating odor, boiling at 105°. It oxidizes to crotonic acid, which will react again with HCl producing aldol.

Trichlorbutyraldehyde $CH_3CHClCCl_2COH$ or **Butyl-chloral.** This is a heavy oily liquid like ordinary chloral, for which it is sometimes substituted, it boils at 164°. It unites with H_2O and crystallizes in tablets. It acts in many respects like ordinary chloral, with alkalies such as KHO, it breaks up into allylene dichloride CH_3CCl analagous to chloroform ($CHCl_3$), and potassium formate KCHO.

Crotonic Acid $C_4H_6O_2$, there are three such, called α β and Methylacrylic. The α acid is called solid crotonic acid, it may be obtained by heating β-oxybutyric acid. It is a constituent of crude pyroligneous acid, and is soluble in H_2O, it crystallizes in wooly needles. Its smell resembles Butyric acid and it boils at 189°. The β-crotonic acid may be obtained from acetacetic ether, it is miscible in all proportions with H_2O, and boils at 172°. Methylacrylic is a mobile liquid with a smell of mouldy fungus, it is found in small quantities in Roman cumin oil.

Oxybutyric acid $C_4H_8O_2$. There are three α–β–and γ. The α–acid is a crystalline delequescent mass boiling at 260°.

The β acid is a viscid delequescent syrup.

" β " " " crystalline body boiling at 203°.

Normal butyric acid is obtained from the γ–acid by a very indirect method.

Succinic Acid $C_4H_6O_4$ occurs in amber, lignite, fossil wood, lettuce, wormwood, poppy, chelidonium, unripe grapes, in resins, turpentine oils and sometimes in the urine and blood. It is produced during the alcoholic fermentation of sugar. It occurs in the urine after eating food containing asparagine malic acid, etc. It occurs in wine beer and vinegar. It also occurs during the oxidatien of fats with HNO_3 It is obtained practically by distilling amber in an iron retort, and by the fermentation of calcium malate. Succinic acid crystallizes in monoclinic prisms or plates, and has a faintly acid reaction and disagreeable taste. It dissolves in 20 parts of H_2O.

The salts of Succinic acid are very numerous. **Ammonium Succinate** $(H_4N)_2C_4H_4O_4$ is a reagent in the labratory and has been used as a medicine. **Calcuim Succinate** $CaC_4H_4O_4$ occurs in the bark of the mulberry tree.

Oxy-succinic or Malic Acid $C_4H_6O_5$ occurs widely distributed in the vegatable kingdom, frequently, associated with oxalic tartaric, citric and other fruit acids. It is found in berbery berries, quince, currants, raspberries, blackberries, pineapples, bananas, cherries, apples, rhubarb, leek, tobacco and sumach.

The best source of malic acid is the unripe mountain ash berries. The concentrated juice is boiled with milk of lime, reacted upon with HNO_3 precipitated with lead acetate and decomposed by H_2S. The acid crystallizes in fine bunches of deliquescent needles, it has a strong pleasant acid taste and melts at 100°.

Aspartic or Amidosuccinic acid $C_4H_7NO_4$ occurs in beet root, and is obtained from albuminous bodies in various reactions, it is prepared from asparagine by boiling with acids and alkalies.

Asparagine or Amidosuccinamic Acid $(C_4H_8N_2O_3)$ a Monamide of aspartic acid occurs widely distributed in the vegetable kingdom, in the dahlia, chestnuts, potatoes, lettuce, vetches, peas, beans and many other leguminous plants, but not in their seeds, a large quantity occurs in the *Robins pseudacalic* asparagus beet root and plants generally when grown in the dark.

The best method of preparing it is by boiling the juice of Mallow or *Zonera hispanico* to a thin syrup. It crystallizes out in transparent rhombic prisms, and has a cooling nauseating taste. Through the process of digestion, asparagine becomes ammonium Succinate and gives off the well known odor to urine after eating asparagus.

Fumaric and Maleic Acids $C_4H_4O_3$ are obtained by the distillation of malic acid; fumaric acid remains in the residue while maleic passes over.

Fumaric acid is found in many lichens especially Iceland moss, in truffles, fumaria, corydalis, glaucium and some fungi.

Maleic acid crystallizes in large plates and has a sour nauseous taste.

Dioxysuccinic or Tartaric Acid $C_4H_6O_6$. There are four isomeric Tartaric acids. Common or Dextro-rotary tartaric acid is found free and in the form of its salts in mountain ash berries, sumach, tamarands, mulberries, pine-apples, grapes, potatoes, cucumbers, chilidonium majus, guassia, Iceland moss, black pepper, madder root, etc. It is deposited in large quantities in wine casks during the fermentation of grape juice, in the form of its salts acid potassuim tartrate and calcuim tartrate, and known by the name of Argol. It is prepared by boiling Argol with chalk and H_2O, the calcium tartrate is decomposed by H_2SO_4 and the pure acid crystallizes out in large monoclinic prisms· It is very soluble in H_2O.

Tartaric acid being diabasic forms a large number of double and acid salts.

Potassium tartrate $K_2C_4H_4O_6+\frac{1}{2}H_2O$ is soluble in H_2O and is a well known medicine.

Acid Potassium tartrate $KHC_4H_4O_6$ is deposited during the fermentation of wine in crystalline crusts, and is known in commerce as argol or cream of tartar, when pure it forms hard rhombic crystals with a pleasant sour taste, soluble in 200 parts of cold and 15 parts of hot H_2O. It is still less soluble in dilute alcohol, for which reason it is deposited during the fermentation of wine. It is used in the arts and manufacturies, and as a medicine.

Potassium Sodium Tartrate or Rochelle Salt $KNaC_4H_4O_6+4H_2O$. To prepare it a boiling solution of Na_2CO_3 is neutralized with cream tartar. The salt crystallizes in large rhombic crystals which are very soluble in H_2O. It is used as a mild aperient, and also for silvering glass.

Calcium Tartrate $CaC_4H_4O_6+4H_2O$ is found in grapes and senna leaves.

Acid Calcium Tartrate $CaH_22C_4H_4O_6$ occurs in *Rhus typhinum*

Potassium Ferrous tartrate $KFeC_4H_4O_6$. This salt is nsed for baths.

Potassium Antimonium Tartrate or Tartar Emetic $KSbO2 C_4H_4O_6+H_2O$ is prepared by boiling 5 parts of pure cream tartar in 50 of water and 4 of antimony trioxide; it crystallizes out in rhombic pyramidal faces, it was formerly used largely as a medicine, but now rarely except in Homœpathic triturations, it is a sudorific and relaxant, large doses are emetic and poisonous.

Soluble cream of tartar is a mixture of Borax and cream of tartar, and is very soluble in H_2O.

Racemic Acid and Lævotartaric acids. These twin acids occur during the manufacture of wine, and are isomeric with normal tartaric acid.

Inactive or Meso-Tartaric Acid, occurs with the other forms of this acid, particularly during the oxidation of sugars. These acids may be converted into each other and are all isomeric.

* * *

TABLE NO. 6.

	Olefines	*Oxides*	*Alcohols. mono valent*	*Glycols.*	*Aldehydes.*	*Aldehydes.*	*Acids.*	*Oxy Acids. Divalent*	*Acids.*	*Unsaturated Acids.*
	C_nH_{2n}	$C_nH_{2n}O$	UNSATURATED. $C_nH_{2n-1}HO$	$C_nH_{2n}2HO$	$C_2H_{2n}O_2$	$C_nH_{2n-2}O$	UNSATURATED. $C_nH_{2n-2}O_2$	MONOBASIC $C_nH_{2n}O_3$	DIBASIC $C_nH_{2n-2}O_4$	DICARBOXYLIC $C_nH_{2n-4}O_4$
Methylene	CH_2	CH_2O	CHHO	CH_22HO	CH_2O_2	CHO	CHO_2	CARBONIC $CO\left\{\begin{matrix}HO\\HO\end{matrix}\right.$ CH_2O_3	CHO_4	
Ethylene	C_2H_4	C_2H_4O	C_2H_3HO Vinyl	C_2H_42HO	$C_2H_4O_2$ Glycolyl	$C_2H_2O_2$ Glyoxyl $C_2H_3O_2$ Glyoxalic acid	$C_2H_2O_2$	$C_7H_4O_3$ Glycollic Oxyacetic	$C_2H_2O_4$ COOH COOH Oxalic	C_2HO_4
Propylene	C_3H_6	C_3H_6O	C_3H_5HO Allyl	C_3H_62HO	$C_3H_6O_2$	C_3H_4O Acrolein	$C_3H_4O_2$ C_2H_3COOH Acrylic	$C_3H_6O_3$ Lactic	$C_3H_4O_4$ Melonic	$C_3H_2O_4$
Butylene	C_4H_8	C_4H_8O	C_4H_7HO Crotyl	C_4H_82HO	Aldol $C_4H_8O_2$	C_4H_6O Croton Aldehyde	$C_4H_6O_2$ Crotonic	$C_4H_8O_3$ Oxybutyric	$C_4H_6O_4$ Succinic	$C_4H_4O_4$ Fumaric Maleic
Pentylene Amylene	C_5H_{10}	$C_5H_{10}O$	C_5H_9HO	$C_5H_{10}2HO$	$C_5H_{10}O_2$	C_5H_8O	$C_5H_8O_2$ Angelic	$C_5H_{10}O_3$ Oxyvaleric	$C_5H_8O_4$ Pyrotartaric	$C_5H_6O_4$ Glutaconic
Hexylene	C_6H_{12}	$C_6H_{12}O$	$C_6H_{11}HO$	$C_6H_{12}2HO$	$C_6H_{12}O_2$	$C_6H_{10}O$	$C_6H_{10}O_2$ Pyroterebic	$C_6H_{12}O_3$	$C_6H_{10}O_4$ Adepic	$C_6H_8O_4$
Heptylene	C_7H_{14}	$C_7H_{14}O$	$C_7H_{13}HO$	$C_7H_{14}2HO$	$C_7H_{14}O_2$	$C_7H_{12}O$	$C_7H_{12}O_2$	$C_7H_{14}O_3$	$C_7H_{12}O_4$	$C_7H_{10}O_4$
Octylene	C_8H_{16}	$C_8H_{16}O$	$C_8H_{15}HO$	$C_8H_{16}2HO$	$C_8H_{16}O_2$	$C_8H_{14}O$	$C_8H_{14}O_2$	$C_8H_{16}O_3$	$C_8H_{14}O_4$ Suberic	$C_8H_{12}O_4$
Nonylene	C_9H_{18}	$C_9H_{18}O$	$C_9H_{17}HO$	$C_9H_{18}2HO$	$C_9H_{18}O_2$	$C_9H_{16}O$	$C_9H_{16}O_2$	$C_9H_{18}O_3$	$C_9H_{16}O_4$ Azeloic	$C_9H_{14}O_4$
Decylene	$C_{10}H_{20}$	$C_{10}H_{20}O$	$C_{10}H_{19}HO$	$C_{10}H_{20}2HO$	$C_{10}H_{20}O_2$	$C_{10}H_{18}O$	$C_{10}H_{18}O_2$	$C_{10}H_{20}O_3$	$C_{10}H_{18}O_4$ Sebacic	$C_{10}H_{16}O_4$
Melene	$C_{30}H_{60}$	$C_{30}H_{60}O$	$C_{30}H_{59}HO$	$C_{30}H_{60}2HO$	$C_{30}H_{60}O_2$	$C_{30}H_{60}O$	$C_{18}H_{34}O_2$ Oleic	$C_{11}H_{22}O_3$	$C_{11}H_{20}O_4$ Brassylic	$C_{11}H_{18}O_4$
							$C_{22}H_{42}O_2$ Eruscic		$C_{17}H_{32}O_4$ Roccellic	

EDITORIAL.

Gas Asphyxiation.

In the treatment of these cases we have several important points to keep in view.

(1.) To place the patient in such location that the pure air has full and free access to him and in such a position that the respiration is as full and easy as possible.

He should be placed at or near an open door or a large open window, if there is a draft, so much the better, otherwise the air about the face may be kept in motion by gently fanning.

This motion of the air is not necessary for the purpose of cooling the patient but to keep the air that is being inhaled as pure as possible, by ridding the immediate surroundings of the poisonous exhalations, which can be easily detected on the patient's breath.

(2.) We must watch for indications of heart failure or apnœa from paralysis of the phrenic and pneumogastric nerves.

(3.) We must watch for the first symptoms of tetanic spasms, which point to meningitis or cerebro spinal meningitis, and must anticipate these conditions or at least check them, if developed, by the free use of ice applied to the head and spine. To the spine the ice should not be applied continuously but rubbed up and down its entire length vigorously for one or two minutes and repeated as often as in the judgment of the attendant it is indicated.

This will also prove a most powerful means of rallying the whole nervous system, from the depression caused by the carbonic poisoning.

(4.) For a permanent stimulant—the ice acting temporarily—to the cerebro spinal centres we have nothing else that will compare with the hypodermic use of Strychnia, which should be used as often as the necessities of the case demand.

Thus far we have said nothing of the use of Oxygen, because this cannot always be had; but when it is obtainable, we will find it one of our most efficient aids in resuscitation.

We have observed that a person who inhales a small amount of gas for a long time, becomes more permanently, but it may be, less profoundly impressed than one who is overwhelmed in a short time by a large amount. In the former there is not such a deep cyanotic hue, but it is much more tardy in disappearing, as the system has been slowly but thoroughly impregnated. While the more rapid poisoning is not unlike suddenly choking a man by seizing him by the throat; his face will quickly turn black, and will quickly resume its normal hue when the grasp upon the throat is relaxed. Hence we consider it of paramount importance, as to our treatment and especially to our prognosis, to know whether the asphyxiated person has been inhaling for a long time air slightly impregnated with gas; or for a short time air that was highly charged with the poison.

How may we know whether it be a case of slow or rapid poisoning? We cannot answer this question authoritatively but we have noticed these differences, viz: Where the patient has been suddenly overwhelmed, we will find a greater amount of cyanosis; the breathing more stertorous with flapping of the lips; there will likely be involuntary action of the bowels or bladder; the patient cannot be aroused. The effects of pure air or oxygen are much more speedily manifested.

In this class of cases little treatment is needed more than the use of oxygen or plenty of pure air, and we are much less likely to have to contend with serious sequelæ.

While in cases of more slow poisoning the face will not be so dark, but assumes more of a pallor or ashen hue. The breathing while stertorous, will not be so laborious as in the preceding. The patient can perhaps be partially aroused but immediately lapses into his semicoma or deep stupor. The temperature will be elevated, and the skin hot and dry, and the general symptoms more or less resembling those of insolation, and if meningitis supervenes, the conjunctiva will be injected, and there will likely be tetanic convulsions, either general or special. This is the class of cases that require judicious and persistent treatment, and we wish here to impress the fact, that we should never despair as long as there is life as some of the apparently most hopeless cases will recover, to the surprise of the friends, and chagrin of the doctor who predicted an inevitable death. We have seen such a case.

V.

Rhus Tox.

This is one of our most valuable remedies. It will be found especially valuable in certain periodical back-aches accompanied with a slight rise in temperature, the exacerbation coming on in the evening. The pain is usually of a wandering character, being chiefly in the sacral region, but may go up to the head, or back of the neck, or in the shoulder, or appear as a stitch in the side. We usually combine it with Gelseminum, Veratrum, Macrotys or Arclepias, as we deem best.

V.

The Use of the Uterine Curette.

We are daily impressed more and more with the importance of curetting the womb after abortions, when there is any continued hemorrhage, offensive discharge, labor-like pains, and above all, when there is a rise in temperature. We have curetted cases, reaching in numbers to more than a hundred, so far without bad results; and are sure we have saved some lives, and saved untold suffering of others and a lingering sickness of many more. We know there are many, "trust to nature" doctors who condemn this proceedure, though we doubt if they could give any rational grounds for so doing. We use the curette not only in the cases named but also, in persistent menorrhogia or metrorrhogia where there is a velvet-like mucous membrane or moss-like vegetation. We have recently curetted a womb which had carried a partially vivified placenta three months, the woman flowing more or less during the whole period. Another woman who had aborted three weeks before, and who had lost so much blood that for the last six weeks we have had to fight a case of pernicious anemia, and what the outcome will be, remains to be seen; while a few minutes' use of the curette would have prevented the whole trouble.

Another case which is still under our care, had a miscarriage, and though apparently everything had come away she suffered intensely till the womb was thoroughly curetted, bringing away some shreds and small pieces and the pain stopped at once.

Another case, in which we were called in consultation, the patient aborted three weeks before, but had not felt well since. When we saw her she had a temperature of 105, had had a severe rigor—chill she called it—that morning, and was bathed in perspiration; her tongue showing pronounced septic symptoms. Curetted her, removing a number of decomposing bits of placenta. Within two hours her temperature began to decline and by the next morning was not more than ½° above normal. We could write pages, in reporting just such cases.

We know some will say, "I have been practicing many years and never had occasion to use the curette." So, too, there are those who never use the obstetrical forceps and when they lose mother or child, attribute it to the will of God, or if the poor mother, after hours and perhaps days of agonizing pain gave birth to a dead and decomposing child, while the "trust to nature" doctor sat complacently by reading a paper, he would tell her that she had suffered all this for the mistake of Eve in the Garden of Eden.

Again we have seen men with a large practice, and who had tapped many cases of dropsy—as they supposed—who never saw a case requiring ovariotomy. Why? Because they did not recognize the condition which they were attempting to cure.

So it is in regard to the use of the curette, while many doctors may have always got along without its use, yet we are constrained to believe—from our experience—that many of their patients have had to do penance for their ignorance or lack of courage.

To curette a womb properly and thoroughly, requires as much tact as talent. It is only necessary that the operator appreciates what is *necessary to be done* and has a good sense of touch to know when he has accomplished it.

We invariably wash out the womb with a Bichloride Sol. We use a large spoon curette with a hollow handle, through which we keep a stream of the Antiseptic Solution flowing while operating, and continuing after we have ceased to scrape, till we have, as far as possible, washed the uterine cavity free of all blood clots and loosened pieces of placental tissue; and so far we have only met with success. V.

What They Are Taught in One of Our Neighbor Schools.

In conversing with a student of the Cooper Medical College, not long ago, among other things, we were discussing the physiological effects of Calomel. He said, "It has been decided out at the 'The Cooper' that Calomel acts only by its weight." We asked him what would be the result if he gave a man a big dose of Calomel and then stood him on his head? This the embryo doctor could not answer.

Next he made the statement, which he backed by reading from his note-book, that "Pneumonia is a germ disease and is most prevalent when typhoid fever is prevailing." His teacher, in this branch of his studies is one of the big guns here. We picked up a work on Practice—one of his own books showed him that pneumonia and typhoid fever prevailed at different seasons of the year. This rather nettled the young man, and with a wise and sarcastic expression depicted on his countenance, he said: "Did you ever live in Germany? You must remember the author of that book is a German, and that the climate may be different, hence the seasons may be different, and perhaps Pneumonia and Typhoid Fever do not prevail *together there*, while they do here."

Then it was our turn, and we asked him if he were going to Germany to practice, when he graduated and he said, "no." "Then why are you reading that book if its teachings do not apply to this country?" He wilted. V.

Death from Heart Failure.

This is becoming a time-worn if not a time-honored chestnut. If we would believe that half the deaths, which are now attributed to this swift but sure destroyer, were really caused from such a condition, we would have to conclude that some new and devilish nemesis had been turned loose on the human race to hasten their exit from this world; and we would be rustling around to find some kind nepenthe to relieve us from the effects of the onslaught of this fatal plague which is casting its blight alike upon the rich and the poor.

There are ten cases of death reported now, giving *heart failure* as the cause, to one such case ten years ago, which fact leads us to one of three conclusions, viz: That if this is a trouble *sui generis* it is a *new* one; or else the doctors a few years back were woefully ignorant and did not know the cause of death in many cases; or that it is a mere hobgoblin, conjured up in the diseased (ignorant) brain of the doctor, and seen only by him–and not generated in the diseased body of his patient.

We fully recognize the fact that there can be a condition developed that will lead to a danger of heart failure; and this condition may be the sequence of a large loss of blood; of intense and long lasting pain, of some wasting disease; but more often from a long continued high temperature, when the heart is called upon to do twice its normal amount of labor. There is a limit to the endurance of all muscular action and the heart is not an exception. And while these various causes may, under certain circumstances, induce heart failure, we do not believe and will not admit that this is a common occurrence, per se, in ordinary acute diseases.

Further more, we believe that when this is really a complication or termination of a disease, that it is more often induced by the medication to which the patient had been subjected, than by the disease with which he was suffering. We further believe that the Coal-tar products more often than any other class of remedies, superinduce this heart complication.

Antipyrine, Phenacetin, Antifebrin and all kindred preparations, as they are indiscriminately and heroically prescribed by the profession of to-day, are dangerous remedies; and their injudicious use has wrought much harm, and we believe caused more deaths than has heart failure as a result of disease. V.

Tact and Talent in the Practice of Medicine.

Physicans are often called upon to do things for which they are not prepared, and it is then that tact must supercede talent or failure will be the result. There are few doctors who are so well equipped with instruments that they are prepared for every case that may present itself for treatment. In such cases unless the physician is possessed of some tact he will fail, while one with less talent but more tact will succeed. It is simply adapting means to the ends. We are often called upon to remove a foreign body from the eye, nose, ear, urethra or rectum, and if we are not possessed of the desired instruments, we must invent something. We remember the case of a little boy who had a bean in his ear for several weeks. The bean had become so swollen that it was firmly fixed in the canal. Two physicians–partners of mine–had been working for some time with various instruments and syringes but nothing seemed to be the "one thing needful." We then went to our instrument case, picked up a wire bent it to the shape of the letter U; bent it again on the flat; slipped the curved end over and behind the bean and removed it in less that a minute. v.

Unkept Promises.

Before we took upon ourselves the Editorial work of this JOURNAL, we had always looked upon all worthy members of the medical profession as men of the strictest integrity; but our faith is fast weakening, and when we have had a few more promises unkept, in regard to subscriptions, contributions, etc., we will be constrained to believe that *doctors*, as well as other people, have a distant relationship with Ananias. v.

Icthyol.

This remedy is now filling a long felt want, in medication. It is highly praised by one in atrophic rhinitis; while another has found it indispensable both locally and internally, in uterine diseases. Others find it useful in rectal diseases, while all recognize it as an important remedy in certain forms of skin diseases. Give it a show and it will do wonders.

v.

We are pleased to inform our readers that Prof. Maclean is again able to be out, though yet far from well. The doctor had a close call, and we can hardly say "a miss is as good as a mile in this case," as it will be some time before the doctor is himself again. v.

BOOK NOTES.

THE MEDITERRANEAN SHORES OF AMERICA: or, *The Climatic, Physical, and Meteorological Conditions of Southern California.* By P. C. REDMONDIND, M. D., Member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California; Vice-President of the California State Medical Soceity, and of the Southern California Medical Society. Illustrated with Forty-five Engravings and Two Double-page Maps. In one handsome, Royal Octavo volume, 176 pages. Extra Cloth, price, $1.25, net; cheaper edition, bound in Paper, price, 75 cents, net. PHILADELPHIA: The F. A. Davis Co., PUBLISHERS, 1231 Filbert St.

A PRACTICAL MANUAL OF DISEASES OF THE SKIN. By GEORGE H. ROHE, M. D. Professor of Materia, Medica, Therapeutics, and Hygiene, and formerly Professor of Dermatology in the College of Physicians and Surgeons, Baltimore, etc., etc. Assisted by J. WILLIAMS LORD, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the Dispensary of Johns Hopkins Hospital. *No. 13 in the Physicians' and Students' Ready-Reference Series.* In one neat 12 mo. volume, 303 pages. Extra Cloth, price, $1.25, net. PHILADELPHIA: THE F. A. DAVIS CO., PUBLISHERS, 1231 FILBERT ST.

This is a valuable work, and will pay careful perusal and thonghtful study.

BACTERIOLOGICAL DIAGNOSIS: By James Eisenberg, Ph. D., M. D., Vienna. Translated from the second German Edition by Norval H. Pierce, M. D., Surgeon to the Out-Door Department of Michael Reese Hospital, Assistant to Surgical Clinic, College of Physicians and Surgeons, Chicago, Ill. F. A. Davis, Publisher, Philadelphia. Price $1.25.

We have examined this work with much interest and pleasure. Every physician should have a good standard work on BACTERIOLOGICAL DIAGNOSIS, in his library, and we know of none better to be recommended than this work.

SPECIFIC ✻ MEDICINES

ALWAYS RELIABLE.

THE Remedies of the Eclectic Profession.

Dr. H. Vandre *in an article on* "Our Materra Medica," *read before the Eclectic State Medical Society of California, states as follows:*

"As far as regards specific tinctures, I will say they are far superior to, and far more reliable than the majority of the U. S. P. fluid extracts commonly found in drug stores.

The fluid extracts are often made from old musty and worthless herbs, having lost their identity and all their virtues; hence, if you desire a physiological action and expect any returns I can not recommend too highly Lloyd Bros.' Specific Medicines, from the simple fact that the old school have been using most of our preparations. Having had no results from their fluid extracts, hence they had recourse to the more powerful drugs in our materia medica to accomplish their purpose. Finally as results and comparisons will show, we give less drugs, more to the point and fewer passes to the cemetery."

PHYSICIANS OF THE PACIFIC COAST can obtain Lloyd Bros. Specific Medicines at Cincinnati Prices of the following Dealers convenient to them. . . . .

John Fearn, Oakland, Cal.
A. C. Tufts, Sacramento, Cal.
Boericke & Runyan, San Francisco, Cal.
Snell, Heitshu & Woodard, Portland, Oregon.
Langley & Michaels, San Francisco, Cal.
E. A. Autenreith & Co., Yreka, Cal.
W. A. Hover & Co., Denver, Col.
W. S. Haswell, Denver, Col.
F. W. Braun & Co., Los Angeles, Cal.
C. Laux, Los Angeles, Cal.
Stewart & Holmes Drug Co., Seattle, Wash.
Slayden & Wynkoop, Tacoma, Wash.
Redington & Co., San Francisco, Cal.
Mack & Co., San Francisco, Cal.

LLOYD BROS., Manuf'rs, CINCINNATI, O.

LACTOPEPTINE is a skillfully prepared combination of Meat-converting, Fat-converting and Starch-converting Materials, acidified with the small proportion of Acids always present in the healthy stomach. It is a most valuable digesting agent, and **SUPERIOR TO PEPSIN ALONE.**"—Prof. ATTFIELD, Ph. D., F.R.S., &c., *Prof. of Practical Chemistry to Pharmaceutical Society of Great Britain.*

The most eminent and successful Practitioners consider LACTOPEPTINE the the Standard remedy in the treatment of all those ailments, in which deficient digestion is the direct or indirect cause of pathological conditions.

LACTOPEPTINE.

The most important Remedial Agent ever presented to the Profession, for Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect Nutrition.

LACTOPEPTINE IN CHOLERA INFANTUM.

We desire to direct special attention to the great value of LACTOPEPTINE in Cholera Infantum, and other intestinal troubles incident to the heated term. Send address for our Medical Almanac, containing valuable information.

THE NEW YORK PHARMACAL ASSOCIATION,

P. O. Box 1574, New York.